		Attorney Docket Number First Named Inventor		4749-104US		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION				Kamalvanshi, Ajay		
			COMPLETE IF KNOWN			
(37 CFR 1.63)		Application Number	TBA	TBA/		
☑Declaration Submitted With Initial Filing	Declaration OR Submitted after Initial		Filing Date	12/2	0/01	
	Filing (surcharge	Group Art Unit				
	(37 CFR 1.16 (e)) required)		Examiner Name			

A II I I I I I I I I I I I I I I I I I									
As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled									
Method and Apparatus for Fault Toleral	nt Persistency Service	e on Network	Device						
				4					
the specification of which (Title of to	he Invention)		1	<b></b>					
is attached hereto									
OR									
□ was filed on (MM/DD/YYYY)	as United States App	plication Number or	PCT Internationa	al					
Application Number and	d was amended on (MM/DD/Y)	YY)	(	if applicable).					
I hereby state that I have reviewed and understand the conte specifically referred to above.	ents of the above identified spe	cification, including	the claims as am	ended					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Foreign Filing Date Priority Certified Copy Att									
Number(s) Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Labe	1			OR	Correspondance address below		
Name	1.1						
Address	- Villy			<del></del>			
City	State	***		ZIP			
Country		Telepho	one		Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	A petit	ion has	been f	led for thi	s unsigned inventor		
Given Name Ajay Family Name Kamalvanshi or Surname							
Inventor's Signature				Date			
San Jose	CA		USA		Indian		
Residence: City	State		Count	ry	Citizenship		
1802 Anchor Way							
Mailing Address							
San Jose	CA		95132		USA		
City	State		Zip		Country		
NAME OF SECOND INVENTOR: A	etition has l	oeen file	d for th	is unsign	ed inventor		
Given Name Madhu Family Name Grandhi (first and middle [if any]) Family Name or Surname							
Inventor's Signature				Date			
Fremont	CA		USA		Indian		
Residence: City	State		Coun	try	Citizenship		
33567 Trinculo Lane							
Mailing Address	T				T		
Fremont	CA	26		5	USA		
City	State		Zip		Country		
Additional inventors are being named on the	supplementa	l Additiona	al Invento	r(s) sheet(s)	PTO/SB/02A attached hereto.		

淮

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	TBA	`			
Filing Date	12/20/01				
First Named Inventor	Kamalvanshi, Ajay				
Group Art Unit	TBA				
Examiner Name	TBA				
Attorney Docket Number	4749-104US	_			

I hereby appo	oint:						
I hereby appoint:  ☑ Practitioners at Customer Number 26817				Place Customer Number Bar Code			
OR	is at Gust	one Number 20017	Label here				
☐ Practitioner(s) named below:							
		Name	Registrat	tion Number			
ae my/our attor	rnev(s) or	agent(s) to prosecute the application id	entified above, and t	o transact all business in the Patent and			
Trademark Offi	fice connec	cted therewith.					
Please chang	ge the corr	espondence address for the above-ider	ntified application to:				
	e-mention	ned Customer Number.		Place Customer			
_	OR  Practitioners at Customer Number  Number Bar Code Label here						
Firm or Individual Name							
Address							
Address							
City		S	State	ZIP			
Country							
Telephone			Fax				
I am the:							
Applicant/Inventor.							
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
		SIGNATURE of Applican	nt or Assignee of Re	ecord			
Name /	Ajay Kama	alvanshi					
Signature							
Date							
NOTE: Signatu	ures of all	the inventors or assignees of record more than one signature is required,	of the entire interes see below*.	t or their representative(s) are required.			
★Total of 2							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTC/SB/81 (02-01)
Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	TBA				
Filing Date	12/20/01				
First Named Inventor	Kamalvanshi, Ajay				
Group Art Unit	TBA				
Examiner Name	TBA				
Attorney Docket Number	4749-104US				

i hereby ap	point:					Place Cuetamen			
☑ Practitioners at Customer Number 26817 OR						Place Customer Number Bar Code			
OR  Label here  Practitioner(s) named below:									
Name Registration Number									
•									
Ţ.									
T T									
ŀ									
as mylour at	tornev(s)	or agent(e) to pro-	secute the application	identifi	ed above, and to	ransact all business i	n the Patent and		
		nected therewith.	secute the application	, idomini	ed above, and to	an business i	i tic i aciit and		
Please cha	nge the co	orrespondence ad	dress for the above-i	dentifie	d application to:				
∑ The ab <i>OR</i>	ove-menti	oned Customer N	umber.			Place Customer			
Practitio	ners at Cu	stomer Number			<b></b>	Number Bar Code Label here			
OR ☐ Firm or									
Individua	I Name								
Address									
Address					<b>_</b>				
City				State		ZIP			
Country									
Telephone				Fax					
I am the:									
Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71.									
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
·			GNATURE of Applic	ant or A	Assignee of Reco	ord 			
Name	Madhu C	Brandhi 							
Signature									
Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.									
Submit multip	ole forms	if more than one	r assignees of recor signature is require	ra of the d, see l	e entire interest o below*.	r tneir representative	(s) are required.		
★Total of	2 forms a	re submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231